
**DELAWARE DEPARTMENT OF INSURANCE
DPO – HMO – HSC ANNUAL FEES ASSESSMENT FORM
FOR CALENDAR YEAR 2005, DUE MARCH 1, 2006**

GENERAL INFORMATION AND FILING INSTRUCTIONS

The calendar year 2005 Annual Fees Assessment Form is specifically developed for Dental Plan Organizations (DPO), Health Maintenance Organizations (HMO), and Health Service Corporations (HSC). This form was introduced in 1999, and reflects that although these companies are exempt from paying premium taxes to the State of Delaware, the companies are subject certain annual fees as listed below.

The completed form and remittance must be received on or before March 1, 2006, at one of the Bank lockbox addresses listed on the Form. **Note: Delaware uses a received by date, not a postmark date.**

IMPORTANT: DO NOT SEND THE ANNUAL FEES ASSESSMENT FORM OR REMITTANCE WITH THE ANNUAL STATEMENT: Annual statements are received at a different section of the Insurance Department. If you send the form and check in the annual statement, the filing may not reach the tax collections department in a timely manner, and the company will be assessed a \$100.00 per business day administrative penalty for late filing. The date the form is received in the tax department will be used for the delivery date on which the penalty will be assessed.

INSTRUCTIONS

(References are to Title 18, Delaware Insurance Code)

COMPANY INFORMATION AND MAILING ADDRESS

Complete all Company Information. List the address and contact person to whom annual tax and/or fees information or questions should be directed.

PAYMENT INFORMATION

The State of Delaware Insurance Department accepts tax and/or fees payments electronically using an ACH CCD+ format. Although using electronic payment is optional, the State encourages all companies to participate. Any company wishing to participate must be authorized to do so before electronic funds transfers may begin. Please refer to the Electronic Funds Payment Guide for information.

If paying by check, make check payable to: **Delaware Insurance Department**
Attach check to Form as indicated. Mail to National City Bank lockbox address as listed

ANNUAL TAX AND/OR FEES

Line 1 -- CERTIFICATE OF AUTHORITY RENEWAL FEE

Dental Plan Organizations enter:	\$100.00	(§701; §3804(c))
Health Maintenance Organizations enter:	\$100.00	(§701; Regulation 58, §6)
Health Service Corporations enter:	exempt	(§6304)

Line 2 -- ANNUAL STATEMENT FILING FEE

All companies enter:	\$100.00	(§701; §526)
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Line 3 -- FRAUD PREVENTION BUREAU ANNUAL FEE

All companies enter:	\$550.00	(§2415)
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Line 4 -- TOTAL AMOUNT DUE

Sum Lines 1 through 3. Remit this amount.

AFFIDAVIT

Complete all sections and obtain signatures as indicated.

QUESTIONS should be directed to: Mrs. Ann Fletcher, Premium Tax Coordinator via email at:
Ann.Fletcher@state.de.us
